



## Local Inclusion Forum Team Meeting Parents/Carers and Child/Young Person Views and Agreement to Engage Form

- ◆ Part 1 should be completed by the referrer.
- ◆ Part 2 - the referrer should ensure that the views of the parent/carer are recorded (**but see footnote**)
- ◆ Part 3 - where it is appropriate to secure the views of the child or young person, these should be recorded here. Where possible, the parent/carer and child/young person should record their own views, otherwise the referrer or other professional can scribe for them (**but see footnote**)
- ◆ Part 4 seeks the confirmation via signature that the parent/carer and child/young person understand that a referral is being made to LIFT.
- ◆ Part 5 should be completed by the referrer.

### PART 1      Basic Details

Child/Young Person's full name:	
Date of Birth:	
Parent/Carer full name:	
Parent/Carer address:	

### PART 2      Parent/Carer Views – see footnote

What would you like the outcome to be for your child?

### PART 3      Child/Young Person Views – see footnote

What would you like to happen and who do you think could help with this?

**Footnote:** Where the referral is made for a very young child, or at the time of diagnosis, it may be considered inappropriate to seek child or parental views, and these will be recorded later by the initial key worker.

**PART 4**      **Parent/Carer and Child/Young Person agreement for the school to engage with the District Local Inclusion Forum Team meeting (LIFT)**

*To ensure that the school can use its best endeavours to meet the special educational needs (SEN) of your child, we would like to speak with other professionals at the Local Inclusion Forum Team meeting. These professionals may include teachers, SEN Specialist Teachers, Early Help Practitioners, Speech Therapists, Educational Psychologists and KCC SEN Officers. These professionals will work with the school and sometimes with your child to ensure the best SEN provision possible is in place. You will be provided with copies of any reports or assessments written by professionals regarding your child.*

*Any personal information about you and your family will be discussed under the data protection regulations in line with the law and will not be given to any other persons who are not involved in the process of planning to meet your child’s special educational needs. The information shared will be only relevant information to your child’s special educational needs and along with any reports that are written, will be held only for as long as necessary using a secure system.*

*Parents should be aware that the law also says that professional working with children must share information in order to safeguard or protect a child or young person if required.*

- **I understand the reasons for this referral to LIFT. I understand that information on my child’s special educational needs will be shared and discussed between professionals to help me/my child.**
- **I understand that I will be consulted following these discussions regarding any future planning and actions.**

Name of child/young person (CYP): .....

Signature of CYP (if appropriate):..... Date: .....

Name of parent/principal/main carer: .....

Signature: ..... Date: .....

**PART 5**      **Referrer Details**

Name: ..... Title: .....

School: .....

Signature: ..... Date: .....

**Please return this form to: *[Insert contact details]***